



Forward Thinking Assessment

Comprehensive • Individualized • Collaborative

INFORMED CONSENT FOR IN-PERSON SERVICES RELATED TO COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our joint decision to participate in in-person services in light of current circumstances surrounding the COVID-19 pandemic. Please read this carefully and let us know if you have any questions. When you sign this document, it will be an official agreement between us.

Decision to Meet Face-to-Face

Currently, our practice is offering the option of telehealth or in-person meetings for parent intakes and feedback sessions. We can discuss which option will work best for you. Please be advised that insurance companies vary in their policies regarding reimbursement for telehealth sessions. If you are seeking reimbursement from your insurance company, it is your responsibility to contact them to verify your benefits and discuss coverage of telehealth sessions.

We have agreed that your child will attend in-person assessment sessions. You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk).

You also agree that if your child is exhibiting any symptoms of illness (even those that are not likely to be related to COVID-19), you will contact us to reschedule the appointments. In addition to prioritizing the health of all our clients and staff, it is also important to recognize that it is unlikely that we can obtain the most valid assessment results when a client is not feeling well.

Masking Policy

To remain in compliance with Howard County's mask mandate, we are requiring that all individuals, regardless of vaccination status, wear a mask in the office at all times.

Waiting Room Policy

Given that many of our clients are not currently eligible for vaccination, we are keeping the waiting room closed in an effort to protect the health of all those who enter our office. Exceptions may be made to this policy at the discretion of the clinician based on specific client factors and scheduling (e.g. if no other clients will be in the office that day).

Your Confidentiality in the Case of Infection

If you/your child or anyone associated with our office has tested positive for the coronavirus, we may be required to notify local health authorities that you have been in the office. If we have to report this, we will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that we may do so without an additional signed release.

Please feel free to contact us with any questions or concerns prior to signing this form. Your signature below shows that you agree in full to these terms and conditions.

Patient Name: _____

DOB: _____

Signature of responsible party

Date

Printed name of responsible party

Relationship to patient